PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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		Attorney Docket Numbe	r PU030309			
DECLARATION FOR UTILITY OR DESIGN			First Named Inventor Khelan M. Modi, et al.			
PATENT APPLICATION (37 CFR 1.63)		COMPLETE IF KNOWN				
		Application Number	1			
☐ Declaration ☐ Declaration Submitted OR Submitted after Initial		Filing Date				
With Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	Group Art Unit					
			Examiner Name			

As a below named inventor, I hereby declare that:								
My residence, post office addre	My residence, post office address, and citizenship are as stated below next to my name.							
I believe I am the original, first and s are listed below) of the subject matt	sole inventor (if only on er which is claimed and	e name is listed below) or an I for which a patent is sought	onginal, first and jo on the invention en	nt inventor (if plu titled:	ral names			
DIGITAL/ANALOG CLC SIGNAL RECEIVER	DIGITAL/ANALOG CLOSED CAPTION DISPLAY SYSTEM IN A TELEVISION							
the specification of which	. (Title of th	e Invention)		· ·	- 			
is attached hereto					1			
OR								
was filed on (MM/DD/YYYY) Dec. 8, 2004 as United States Application Number or PCT International								
Application Number PCT/US	2004/41086 and	was amended on (MM/DD/Y	YYY)	(f applicable).			
I hereby state that I have reviewed an specifically referred to above.	d understand the conte	nts of the above identified sp	ecification, including	g the claims as a	mended			
I acknowledge the duty to disclose info applications, material information whic international filing date of the continua	h became available be	tween the filing date of the pr	I in 37 CFR 1.56, in rior application and	cluding for contin the national or Po	uation-in-part CT			
I hereby claim foreign priority benefits or 365(a) of any PCT international ap and have also identified below, by ch application having a filing date before	plication which designate ecking the box, any for	ated at least one country other	er than the United S	States of America	, listed below			
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached?				
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO			
			0		0			
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	4							
			0	0	0			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.	S.C. 119(e) of any Uni	ted States provisional applica	ation(s) listed below					
ApplicationNumber(s)	Filing Date (MM/DD/YYYY)						
60/527,945	Dec. 8, 2003		numbers a a supplem	provisional apported in the provisional apported in the priority do not all priority d	ata sheet			

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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Address	PO Box 5312							
City					State	[:	ZIP	
PRINCETON					NJ		08543-5312	
Country	-	Te	lephone			1	Fax	
USA		(60	9-734-6834				(609) 734 -6888	
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NAME OF SOL	E OR FIRST II	NVENTOR	:	[A petition has be	een filed for	r this unsigned inventor	
Given Name Khelan, M.					amily Name MOD Surname	1		
Inventor's Signature +	Allin,						Date + 1)21/05	
Residence: City	у ,	7	State		Country		Citizenship	
Fishers		:	Indiana		us		IN .	
Malling Addres	s							
Mailing Addres	is 1083	4 Pleasan	tview Lane		:			
City		State		ZIP		Country		
Fishers		Indiana		460	46038 US			
NAME OF SEC	COND INVENT	OR:		Ĺ	A petition has be	en filed for	this unsigned inventor	
Given Name Joseph, Wayne					Family Name Forler or Surname			
Inventor's Signature Aseph Sagneth					Date 1/19/05			
Residence: Cit	_{ty} \cup	•	State		Country		Citizenship	
Zionsville	Zionsville Indiana				บร	us		
Mailing Addres	ss				·-·			
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City		State			ZIP		Country	
Zionsville		Indiana		ļ	46077		us	
	inventore are he		on the 1 suppler	nentel) sheet(s) Đĩ		
Additional	inventors are be	eing named	on the 1 suppler	nentai	Additional Inventor(s) sheet(s) PT	O/SB/02A attached hereto.	

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>

Name of Additional Joint Inventor, if a	ny:	A petition has been filed for this unsigned inventor						
Given Name (first and n	niddle [if any])		Family Name or Surname					
Charu		<u>-</u>	Aneja					
Inventor's Signature			· · · · · · · · · · · · · · · · · · ·		Date			
Residence: City Chicago	State	Illinois	Country		Citizenship			
Mailing Address								
Mailing Address 121 West Chestnut, Apt. 2202								
City Chicago	State	Illinois	ZIP 60610	Co	ountry			
Name of Additional Joint Inventor, if any:								
Given Name (first and r	niddle [if any])			Family Name or Surname				
Aaron, Hai			Dinwiddie					
Inventor's Signature + Auron 9	V.S.	invist	die		Date + 1-17-05			
Residence: City Cicero	State	Indiana	Country US	•	Citizenship US			
Mailing Address			<u> </u>	•				
Mailing Address 1075 Bear Cut	Drive		•					
City Cicero	State	Indiana	Zip 46034	C	ountry US ·			
Name of Additional Joint Inventor, if	any:		A petition ha	s been filed for	r this unsigned inventor			
Given Name (first and	middle [if any])		Family Name or Surname					
Inventor's Signature			•		Date			
Residence: City	State		Country		Citizenship			
Mailing Address								
Mailing Address								
City	State		Zip		Country			

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PTO/S8/01 (10-00)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION			Attorney Docket Number PU030309 First Named Inventor Khelan M. Modi, et al.			
			COMPLETE IF KNOWN			
(37 CFR 1.63)		Application Number	,			
Declaration Submitted OR Submitted after Initial		Filing Date				
With Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	Group Art Unit					
	· · · · · · · · · · · · · · · · · · ·	Examiner Name	•			

								
As a below named inve	ntor, I hereby declare tha	at:						
My residence, post office	e address, and citizenship a	are as stated below next	to my name.		l			
	st and sole inventor (if only one act matter which is claimed and				al names			
	DIGITAL/ANALOG CLOSED CAPTION DISPLAY SYSTEM IN A TELEVISION SIGNAL RECEIVER							
the specification of which	- (Title of the	e Invention)						
is attached hereto					ì			
OR								
was filed on (MM/DD/	^{YYYY)} Dec. 8, 2004	as United States A	Application Number or	PCT Internationa	ı ·			
Application Number F	PCT/US2004/41086 and	was amended on (MM/DD/	YYYY) [(if	applicable).			
I hereby state that I have revie specifically referred to above.	wed and understand the conte	nts of the above identified s	specification, including	g the claims as an	ended			
I acknowledge the duty to disc	lose information which is mate	nal to patentability as define	ed in 37 CFR 1.56. in	cluding for continu	ation-in-part			
applications, material informati international filing date of the c	on which became available be	tween the filing date of the						
I hereby claim foreign priority or 365(a) of any PCT internation and have also identified below application having a filing date	onal application which designate, by checking the box, any for	ated at least one country of reign application for patent	her than the United S or inventor's certifica	States of America,	listed below			
Prior Foreign Application	_	Foreign Filing Date	Priority	Certified Copy	Attached?			
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO			
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit undo	er 35 U.S.C. 119(e) of any Unit	ted States provisional appli	cation(s) listed below	·	••			
ApplicationNumber(s) Filing Date (MM/DD/YYYY)	· .					
60/527,945	Dec. 8, 2003			provisional appl	ication			
				re listed on ental priority dat	a sheet			
				2B attached her				

[Page 1 of 2]

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PTO/S8/01 (10-00)
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DECLARATION — Utility or Design Patent Application

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Address	Thomson Lice	nsing Inc								
Address	PO Box 5312									
City						State		ZIP	•	
PRINCETON						NJ		08543	3-5312	
Country			Telepi	hone					Fax	
USA			(609-73	34-6834			<u> </u>	(609)	734 -6888	
believed to be true punishable by fine	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOL	E OR FIRST I	NVENT	OR:			A petition has b	een filed fo	r this	unsigned inventor	
Given Family Name MODI or Surname										
Inventor's Signature						Date				
Residence: City	y .		Sta	ite	(Country			tizenship	
Fishers			Ind	lana_	.	บร			<u> </u>	
Mailing Addres	s	•								
Mailing Addres		4 Pleas	santvie	w Lane						
City		State			ZIP		Country			
Fishers	1	India	na		4603	18	US		•	
NAME OF SEC	OND INVENT	OR:				A petition has be	<u> </u>	this (unsigned inventor	
Given Name Joseph, Wayne					Family Name Forler or Surname					
Inventor's Signature Date										
Residence: City State				- 1	Country			Citizenship		
Zionsville Indiana					us			US		
Mailing Address										
Mailing Addres	s 1112 Fo	xglove	Court							
City		State			- 1	ZIP			Country	
Zionsville		India	าอ			46077 [°]		US	.	
Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.										

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:	A petition has been filed for this unsigned inventor						
Given Name (first and middle	e (if any))	Family Name or Surname					
Charu		Aneja					
Inventor's Signature & Charge			Date + 1/22/05				
Residence: City Chicago	State Illinois	Country	IN Citizenship				
Mailing Address		·					
Mailing Address 121 West Chestnut, Apt. 2202							
City Chicago	Illinois State	ZIP 60610	Country				
Name of Additional Joint Inventor, if any:		A petition has been filed	for this unsigned inventor				
Given Name (first and middl	e (if any))	Family Name or Surname					
Aaron, Hal		Dinwiddie	· · · · · · · · · · · · · · · · · · ·				
Inventor's Signature			Date				
Residence: City Cicero	State Indiana	Country US	Citizenship US				
Mailing Address							
Mailing Address 1075 Bear Cub Driv	ve						
City Cicero	State Indiana	Zip 46034	Country				
Name of Additional Joint Inventor, if any:		A petition has been file	d for this unsigned inventor				
Given Name (first and midd	lle (if any))	Family Name or Surname					
Inventor's Signature		· · · · · · · · · · · · · · · · · · ·	Date				
Residence: City	State	Country	Citizenship				
Mailing Address							
Mailing Address							
City	State	Zip	Country				

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS **INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Khelan M. Modi, et al.
Title	Digital/Analog Closed Caption Display System in a Television Signal Receiver
Art Unit	<u> </u>
Examiner Name	
Attorney Docket Number	PU030309

I hereby appoint:	ustomer Number Customer Nur	nber 24	1498						
OR									
Practitioner(s) na									
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as my/our attorney(s) Trademark Office cor	or agent(s) to prosecute the application nected therewith.	identifie	d above, and to tran	sact al	I business in the Patent	and			
Diana	change the correspondence address to	r the obe	us identified applies	tion to					
	• •	ine abo	ove-identified applica	ation to					
The above-men	tioned Customer Number:.								
The address as	sociated with Customer Number:		· · · · · · · · · · · · · · · · · · ·						
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Address	P. O. BOX 5312								
City	PRINCETON	State	NJ	ZIP	08543-5312				
Country	USA								
Telephone	609-734-6819	Fax	609-734-6888						
I am the:				1					
Applicant/Inven	tor.			•					
🖾 Assignee of rec	Assignee of record of the entire interest. See 37 CFR 3.71.								
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
SIGNATURE of Applicant or Assignee of Record									
Name Robert D. Shedd, Registration No.: 36,269									
Signature	when D Shedd								
Date	31 Mas 2006		Telephone 6	09-734	-6828				
NOTE: Signatures of	all the inventors or assignees of reco	rd of the	entire interest or t	heir re	presentative(s) are rec	uired.			
Submit multiple forms Total of 3	if more than one signature is require forms are submitted.	u, see b	elow .						

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the Ins collection of information is required by 37 CFM 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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F-92100 Boulogne-Billancourt

France

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Joseph J. Laks Vice President

Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

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			· ·	
DATED this	14th	day of	February_,	in the year 2006.

Signature:

Typed Name As Signed:

Title:

Béatrix de Russé

Authorized Representative,

Vice-President Intellectual Property & Licensing

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DATED this 27th day of February, 2006.

SIGNED

Joseph J. Laks Vice President/

Thomson Licensing Inc. and

Attorney In Fact for THOMSON LICENSING

WITNESS